Arkansas Tobacco Settlement Commission Meeting Minutes

MEETING DATE: Wednesday, July 20, 2005	MEETING TIME: 1:30 p.m. to 4:00 p.m.
CHAIRPERSON: Bill B. Lefler	MEETING PLACE: University of Arkansas System Office
PERSON RECORDING: Chiquita Munir	Boardroom

BOARD MEMBERS:

Present

Gen. (Ret.) Bill B. Lefler, DDS, FACP, Chairman Dr. Gayle McClure (designee for John Ahlen, Ph.D.) Omar Atiq, M.D.

Dr. Paul Halverson

Dr. Karen Wheeler (designee for Linda Beene, Ed.D.)

Bobbie Davis (designee for Ken James, Ed. D.)

Roy Jeffus (designee for John Selig)

STAFF:

Chiquita Munir

Tracy Curtis

INVITED GUESTS:

Ms. Donna Farley, RAND

Ms. Tracy Gatling, AMHC

Mr. Lo Vongsaravane, AMHC

Ms. Leslie Humphries, ABI

Dr. Larry Cornett, ABI

Ms. Judy Smith, AMHC

Beth Garrison, Governor's Office

Suzanne McCarthy, ACHI

Not Present

Anthony Fletcher, M.D. Ryan Buffalo, M.D.

Willa Sanders, COPH Katherine Stewart, COPH Dr. Becky Hall, Delta AHEC

Warren Readnour, Attorney General's Office

Braley Braddock, ADH Dr. Claudia Beverly, COA Robin McAtee, COA

TOPIC	DISCUSSION	RECOMMENDATION/ACTION	FOLLOW-UP STEPS
Introduction and Welcome	General Lefler called the meeting to order at 1:45 p.m. He welcomed observers, public, and the press. He acknowledged Drs. McClure, Wheeler, and Mr. Roy Jeffus all as designees of their respective departments.		
Old Business Review/Acceptance of Minutes	General Lefler expressed his concern with attendance and believes it's important to have full participation from Commission members. Minutes of the April 20, 2005 meeting were reviewed by Commissioners.	General Lefler said he wants to make a presentation to select legislators and wants the Commission to take a proactive role in educating legislators, and lastly do a better job in governance amongst the Commission. Motion to approve by: Dr. Atiq Seconded by: Dr. Bobbie Davis	
Financial Update	Chiquita Munir updated the Commission on the budget for operation; YTD Operating Expenses are \$25,468. \$30,000 was the funded amount, and at the end of the fiscal year there was a balance of \$5,402. TYD Professional Fees & Services totaled \$331, 545; ATSC grants line item, \$217,207 was expended on funded programs. Remaining for that line item is \$260,959; staff was attempting to be conservative with grant funds because of decreasing funding amounts in the budget. However, this year we got great news from DF&A, after the original estimates were made, our office was funded \$300,000 in excess of the anticipated amount from the interest earned off the April payment. Our office will begin 2006 fiscal year with \$1.2 million.	Minutes from April 20, 2005 meeting were unanimously accepted.	

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Effect of ADH/DHS Merger	Act 1954 renames the Health Department, and its language says to replace ADH with DHHS. Normally, this works in 95% of all legislation but the Commission was created through an Initiated Act and this act requires a 2/3 vote to amend. As of August 12, there will no longer be a Department of Health.	Mr. Readnour suggested that the prudent thing for the Commission to do is to request an official opinion from the Attorney General on this matter. In the meantime, the Commission should have only one person serve on behalf of DHHS, and since there is no longer a director of ADH, view this position as vacant until the opinion is given. Commission gave staff permission to ask the AG for an official opinion.	
2005 Interim Evaluation Report: Donna Farley, et. Al.	Dr. Farley presented the results from the latest evaluation of programs to bring the Commission up to date on their activities. Overview of presentation: Policy context: recent changes Updated process evaluation findings Goals established by the funded programs Outcome evaluation findings Responses of programs to common themes and issues identified in 2004 report Conclusion and overall recommendations		

RAND	Interim	Report
cont'd.		

Some identified concerns in the report:

TPEP: Decrease in appropriation amounts for Tobacco Prevention Program; what does this imply? Possible funding erosion for the program where funds are already being allocated for non-tobacco programs.

Medicaid Expansion:

Lack of approval for 19 to 64 coverage Low enrollment

Minority Health Commission:

Priorities for African Americans and other minorities not done; planning needs being done to complete individual contracts for hypertension program and Eating/Moving for Life. High cost for enrollees; lower enrollment, but the cost did not decrease – alternatives being discussed regarding fixed rates for enrollments

Most goals for all programs are quantifiable, but there is a high level of uncertainty for those that do not have quantifiable measures For example: long term goal for ADH is to pursue smoke-free environments & workplace policies **Outcomes:** Can outcomes be attributed to ADH programs alone? NO

- Smoking effects: RAND is not optimistic that there will be a significant change by 2005
- AMHC: serving limited # of counties; we should make sure measures are valid in respect to the areas they serve

Governance issues: The Commission has not yet pursued; varies widely amongst programs, and role of governing boards

TQI: Medicaid Expansion does not have process in place; Delta AHEC, AAI, AMHC in process of creating processes to track quality improvement

Commission: Earmarking Commission funds for technical support to programs with future meetings with programs to identify needs and identify resources within to address those issues.

• Financial Management: Commission is currently developing an agreement with DIS to create a customized webbased financial reporting system.

It was recommended that we ask the CHC's for breakdown in expenditures; in the past there has been external scrutiny to work with structuring contracts to obtain this information; renew their contracts every July, create performance standards for contracts.

Discussion:

Dr. Atiq commented that financial payments should be directly linked to performance. He also stated the lack of data for other minorities (such as Hispanics), and we should focus on Hispanics because they are the 2nd highest population in our State.

Dr. Karen Wheeler asked if there could be specific amounts established for the services being provided in the hypertension program. For example, if they see 100 enrollees at a certain amount, maybe we could pay them on a reimbursable basis for patients they are treating.

Judy Smith stated that currently there are set amounts for screenings; new amounts for enrollees will be in place for the new fiscal year.

Dr. Halverson asked in regards to Cigarette taxes, the questions are what impact would a large amount have in our area? Are there suggestions to where the greatest impact can be?

Atiq: Do we have any other organizations to positively compete with CHC's for services to create a healthy competitive bid? For example, the AAI can collaborate to target the older population and also minorities to provide these same services.

Judy stated that there is massive under utilization by African Americans for services and we don't want to make it less likely for them to seek treatment, we need to figure out how to reach this population with the limited resources that are available, and right now patients who do seek treatment in these areas are more likely to utilize the CHC.

Gail McClure: What kind of media support does this program have, and is transportation available.

Judy responded that we realize that transportation has been a huge issue for this population.

Dr. Atiq said it would be more beneficial to draw from African Americans to work with Dr. Beverly and others to collaborate and make sure we have assurances in place to give them a continuum of care, maybe through local hospitals that already have the infrastructure and resources in place.

Becky Hall added that maybe we should address the people who need the help the most- but the issue has been how do we address them?

Judy: What improvements are being made across ALL programs to address or serve minorities?

Chiquita stated that is a question that we need to be asking our programs to report.

Halverson added that as a Commission, we determine from programs what they need, help them understand where they may secure tech assistance, orders of magnitude and with the level of sophistication of the programs, we should be able to arrive at a conclusion.

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	Dr. Atiq suggested that we help direct programs in getting what they need as far as technical support/assistance is concerned, stating also that this should not become the Commission's responsibility of the Commission.		
	Dr. Halverson suggested having the Office of Smoking & Health from the CDC to come and give advice and ideas on how to address some of these issues. He said not everyone has the knowledge and expertise.		
	Dr. McClure suggested that in line with being more proactive that we could have brainstorming sessions with a facilitator.		
	Suzanne McCarthy of ACHI added there is a group of people here in this room that may be able to provide tech assistance for the Commission, or there are people in the public health community that can also provide this assistance. We need to parallel our activities with the state's focus on obesity and somehow refocus our state back on tobacco issues; by discussing current health indicators that cause health risks in a broader context.		
	Halverson added that we can broadly focus on health – this is the year of health under our Governor!		
Adjournment	The meeting was adjourned at 3:50 p.m.	The next meeting is scheduled for October 20, and the location is TBA.	